

N. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE

(See instructions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☐ Other <u>Dry hole</u>		5. LEASE DESIGNATION AND SERIAL NO. NM-8946	
b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ RECEIVED		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Union Oil Company of California		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 671 - Midland, Texas 79701		8. FARM OR LEASE NAME Federal "6"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 2306' FNL & 1687' FWL At top prod. interval reported below At total depth		9. WELL NO. 1	
14. PERMIT NO. U. O. C. C. DATE ISSUED NOV 10 1972		10. FIELD AND POOL, OR WILDCAT Wildcat	
15. DATE SPUDDED 8-23-72		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 6, T-10S, R-31E	
16. DATE T.D. REACHED 10-30-72		12. COUNTY OR PARISH Chaves	
17. DATE COMPL. (Ready to prod.) -		13. STATE N.M.	
18. ELEVATIONS (DF. RKB, RT, GR, ETC.)* 4152.3' GR		19. ELEV. CASINGHEAD 4172'	
20. TOTAL DEPTH, MD & TVD 11300'		21. PLUG, BACK T.D., MD & TVD	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY 0 - 11300'	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*		25. WAS DIRECTIONAL SURVEY MADE No	
26. TYPE ELECTRIC AND OTHER LOGS RUN GR-Sonic, SNP, Dual Lat.		27. WAS WELL CORED No	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
11-3/4"	42	500'	15"
8-5/8"	32 & 24	3055'	11"
-	-	-	7-7/8"
29. LINER RECORD		30. TUBING RECORD	
SIZE	TOP (MD)	SIZE	DEPTH SET (MD)
31. PERFORATION RECORD (Interval, size and number)		32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.	
		DEPTH INTERVAL (MD)	
		AMOUNT AND KIND OF MATERIAL USED	
		Cement plugs reported on Form 9-331	
33.* PRODUCTION			
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)	
Well plugged and abandoned 11-5-72			
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL. GAS—MCF. WATER—BBL.
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)			
35. LIST OF ATTACHMENTS			
Copy of log to be forwarded from our Roswell office			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED Gregory B. Wyatt		TITLE Drilling Superintendent	
		DATE Nov. 7, 1972	

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 38, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formations and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Sacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS, AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES			38. GEOLOGIC MARKERS			
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
San Andres	3700	3800	50-60' greater than 4% porosity calculates wet	San Andres	2999	41173
"	4120	4290	50' greater than 4% porosity calculates wet	Cisco	8450	-4278
DST #1	10350	10427	Gas to surface in 74 min. TSTM Recovered 90' slightly gas cut mud	Strawn	9295	-5123
DST #2	11233	11300	Recovered water cushion, 500' muddy water & 7436' salt water	Miss. Lime	10538	-6366
				Silurian	11228	-7056